

Name _____

Coconino County Sheriff's Office Medical Team

Background Questionnaire

FOLLOW DIRECTIONS CAREFULLY

1. Use Ink to complete questionnaire
2. Complete in your own handwriting or printing
3. Write or print legibly
4. Read each question carefully
5. Answer each question completely and accurately
6. Answer all questions
7. If a question does not apply, write N/A in the space
8. If you need additional space, write on back of page
9. Sign the consent to polygraph examination form
10. Have notarized the first and last page of this questionnaire
11. When completed, return to:

Coconino County Sheriff's Office
951E. Sawmill Road
Flagstaff, AZ 86001
Attention: Scott Katz
Telephone Number: 928-226-5219

Note:

Failure to follow instructions, or incomplete information, will delay the background process or eliminate you from further processing. Please print legibly.

*Include complete address: Zip codes, Street addresses, City, State.

*Include complete telephone numbers: Area code and number.

Coconino County Sheriff's Office

Medical Unit Application

Position Applied For: _____ Date: _____
() Full Time () Part-time (# of hours desired _____) () Float Pool

TO THE APPLICANT:

Those who will be considering you for employment with the Coconino County Sheriff's Office Medical Unit will use this questionnaire for reference.

An background investigation of your personal history will be conducted.

Applicants will be required to sign a polygraph examination agreement in this packet in order to be considered for a position with this agency.

I understand that I will not receive a copy of the background investigation report, the contents of which will be used in the evaluation process for employment with the Coconino County Sheriff's Office Medical Team. Further, I understand that no documents submitted by me will be returned and no copies of other reports or documents utilized for or during my application for employment will be furnished or given to me. If I am not selected for employment, I WILL NOT BE ADVISED OF THE REASONS FOR NON-SELECTION.

Where written explanations are required in this form, it is MANDATORY that the information be listed TOTALLY & COMPLETELY.

The existence of any of the conditions listed below may result in rejection from the selection process.

PLEASE CONFIRM YOU HAVE READ, UNDERSTAND, AND AGREE TO THE AFOREMENTIONED CONDITIONS AND CRITERIA BY SIGNING BELOW.

Signature Date

Sworn to and subscribed before me
This _____ day of _____, 19 ____.

Notary Public

Coconino County is an Equal Employment Opportunity and Affirmative Action Employer.

Have you read the job announcement?
Testing Date: _____ (for Detention Officer Candidates only)

Coconino County Sheriff's Office Medical Team

CRITERIA STANDARDS FOR DISQUALIFICATIONS

1. NON-UNITED STATES CITIZEN OR NOT ELIGIBLE FOR WORK IN THE UNITED STATES.
2. SOME FELONY CONVICTIONS.
3. PARTICIPATION IN ANY SERIOUS CRIME.
4. ANY SELLING OF NARCOTICS, DRUGS OR MARIJUANA.
5. ABUSE OF OR ADDICTION TO PRESCRIPTION / Non PRESCRIPTION DRUGS
6. SEXUAL CONDUCT PROHIBITED BY LAW.
7. DISHONORABLE DISCHARGE FROM THE UNITED STATES ARMED FORCES.

COCONINO COUNTY SHERIFF'S OFFICE

Where necessary, use the reverse side of page to complete answers throughout this questionnaire.

I. PERSONAL INFORMATION

_____ Last Name	_____ First Name	_____ Middle (full)
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_____ Social Security Number	_____ Date of Birth	_____ Place of Birth
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_____ Current Address (Street & Number)	_____ City	_____ State	_____ Zip code
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Length of time at current address? _____

_____ Home Phone #	_____ Work Phone #	_____ Message Phone #
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_____ Height	_____ Weight	_____ Hair	_____ Eyes
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List any other names, social security numbers and/or dates of birth you have used.

_____ Current Employment Work Hours	_____ Days Off	Will you work various shifts? _____
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List all residences in the last ten (5) years:

_____ Address (Street & Number)	_____ City	_____ State	_____ Zip code	_____ Dates from – to
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_____ Address (Street & Number)	_____ City	_____ State	_____ Zip code	_____ Dates from - to
------------------------------------	---------------	----------------	-------------------	--------------------------

_____ Address (Street & Number)	_____ City	_____ State	_____ Zip code	_____ Dates from - to
------------------------------------	---------------	----------------	-------------------	--------------------------

_____ Address (Street & Number)	_____ City	_____ State	_____ Zip code	_____ Dates from - to
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_____ Address (Street & Number)	_____ City	_____ State	_____ Zip code	_____ Dates from - to
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Coconino County Sheriff's Office

II. MARITAL STATUS

Status (check one): Married () Single () Separated () Widowed () Co-Habitat ()

If male and married, list wife's maiden name: _____

Spouse's Name	Date of Birth	Spouse's Occupation
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Child's Name	Date of Birth	Address
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Child's Name	Date of Birth	Address
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Child's Name	Date of Birth	Address
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Child's Name	Date of Birth	Address
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List all persons with whom you have lived with during the past five years. Do not include family members

Name	Street Address	City, State, Zip Code	Telephone (area code)	Relationship
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Family References: List all immediate relatives; parents, siblings, in-laws and ex-spouses.

Name	Relationship	Age	Street Address	City/State/Zip	Telephone (area code)
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[illegible]

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EMPLOYMENT HISTORY

List your last five employers, beginning with the present or most recent employer and going backwards. List everything in proper sequence, OMIT NONE! (Use the following page if necessary)

Month & Year:					
From: _____	Name of Employer			Supervisor	
To: _____					
	Employer Address	City	State	Zip	Phone
Salary:					
Start: _____	Employer Telephone Number (include area code)		May we contact the employer? Y or N		
End: _____					
	Reason for leaving (ie: resigned, fired, laid-off)				

Month & Year:					
From: _____	Name of Employer			Supervisor	
To: _____					
	Employer Address	City	State	Zip	Phone
Salary:					
Start: _____	Employer Telephone Number (include area code)		May we contact the employer? Y or N		
End: _____					
	Reason for leaving (ie: resigned, fired, laid-off)				

Month & Year:					
From: _____	Name of Employer			Supervisor	
To: _____					
	Employer Address	City	State	Zip	Phone
Salary:					
Start: _____	Employer Telephone Number (include area code)		May we contact the employer? Y or N		
End: _____					
	Reason for leaving (ie: resigned, fired, laid-off)				

Month & Year:					
From: _____	Name of Employer			Supervisor	
To: _____					
	Employer Address	City	State	Zip	Phone
Salary:					
Start: _____	Employer Telephone Number (include area code)		May we contact the employer? Y or N		
End: _____					
	Reason for leaving (ie: resigned, fired, laid-off)				

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Month & Year:

From: _____

To: _____

Name of Employer

Supervisor

Employer Address

City

State

Zip

Phone

Salary:

Start: _____

End: _____

Employer Telephone Number (include area code)

May we contact the employer? Y or N

Reason for leaving (ie: resigned, fired, laid-off)

References:

List three (3) references (not relatives, or former employers) who are responsible adults, and who have known you well during the past three (3) years: INCLUDE PHONE NUMBERS WITH AREA CODES

Name	Address	City	State	Zip	Home Phone #
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How long known?	Occupation & Business Address	Work Phone #
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Name	Address	City	State	Zip	Home Phone #
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How long known?	Occupation & Business Address	Work Phone #
-----------------	-------------------------------	--------------

Name	Address	City	State	Zip	Home Phone #
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How long known?	Occupation & Business Address	Work Phone #
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List the names of any acquaintances employed by the Coconino County Sheriff's Department:

Have you ever applied to, or been employed by the Coconino County Sheriff's Office in any capacity as a paid employee or a volunteer?

_____ Yes _____ No If YES, Date & Position: _____

Have you ever applied with another law enforcement agency?

_____ Yes _____ No If Yes, explain (use back of page if necessary):

Date	Name of Agency	Status of Application
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Date	Name of Agency	Status of Application
------	----------------	-----------------------

Date	Name of Agency	Status of Application
------	----------------	-----------------------

Have you ever had any involvement or association with another law enforcement agency, either as a volunteer or paid employee?

_____ Yes _____ No If YES, when/where: _____

Have you ever received any law enforcement or correctional training? _____ YES _____ NO If YES, explain:

When Where Type of training

Coconino County Sheriff's Office

Education & Training

List all schools (high schools, colleges, universities, and graduate schools) you have attended. List GED date if applicable:

DATE GRADUATED SCHOOL NAME ADDRESS DIPLOMA RECEIVED

List any skills or abilities possessed (include foreign languages):

Military Status

Have you ever served in the United States Armed Forces in any capacity? _____ Yes _____ No If Yes, explain:

Entry Date Rank/Branch/Organization Discharge Type Date

Are you Registered with the Selective Service? Yes _____ No _____ N/A _____

Local Board # Address Draft Class Date Classified

How did you hear about the position you've applied for? _____

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ARREST HISTORY

Have you ever been given a Ticket, Arrested, convicted, Charged or Questioned for any offense, violation of any statute or ordinance, law regulation by any civil or military authority. (Includes any convictions or adjudication as a juvenile.)

Yes ____ No ____ If Yes, describe them below:

Date	Location	Arresting Agency	Original Charge	Charge Reduced To:	Disposition / Court Action

CIVIL ACTION: (List all civil actions in which you were a party)

Date	Location / Court	Action or Proceeding	Disposition / Court Action

DRIVING HISTORY

List below any Traffic and/or Parking citations since you began driving, in this county or any other county.

Date	Location	Issuing Agency	Original Charge	Charge Reduced To:	Disposition	Accident Related Y/N

Do you currently possess a valid Arizona Driver's License? ____ Yes ____ No

License Number and Type

Expiration Date

Have you ever been licensed to drive in another state? ____ Yes ____ No If Yes, list below:

State License Number and Type

Have you ever had your license revoked, suspended, or restricted? ____ Yes ____ No If Yes, explain

State

Coconino County Sheriff's Office

Illegal Use of Drugs/Controlled Substances:

TYPE OF DRUG	HAVE YOU EVER TRIED? ANSWER "YES" or "NO"	IF "YES" HOW MANY TIMES?	HOW MANY TIMES AFTER AGE 21?	DATE FIRST USED	DATE LAST USED	HAVE YOU EVER SOLD, SMUGGLED OR TRANSPORTED FOR SALE OR PERSONAL GAIN? Answer "YES or "NO"
MARIJUANA						
HASHISH						
COCAINE/ CRACK						
METHAMPHETAMINE/ SPEED						
HEROIN						
OPUIM						
MORPHINE						
LSD/ACID						
PEYOTE						
MESCALINE						
STEROIDS						
ANY OTHER ILLEGAL DRUGS						
ILLEGAL USE OF PRESCRIPTIONS						

31. IF YOU ANSWERED "YES" "ON ANY OF THE AREAS IN QUESTION # 30, PROVIDE FULL EXPLANATION ON CONTUATION SHEET, INCLUDE, IF APPLICABLE, THE FOLLOWING:

<p>a. How the drug was ingested or consumed:</p> <p>b. The duration of usage:</p> <p>c. The motivation for use:</p>	<p>d. How the drug was obtained;</p> <p>e. Why you stopped using the drug;</p> <p>f. Any other factors you believe are relevant.</p>
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11. ANSWER THE FOLLOWING

(Use page 13 for detailed explanations)

- | | | |
|----|--|----------------|
| A) | Have you ever been fired, discharged or asked to resign from any position? | YES () NO () |
| B) | Have the police ever been called to your home? | YES () NO () |
| C) | Have you ever committed any criminal violation that has gone undetected? | YES () NO () |
| D) | Have you ever had an FBI fingerprint check done for any reason? | YES () NO () |
| E) | In any employment setting, including military service, have you received any Verbal or written reprimands or suspensions for violations of company policy? | YES () NO () |
| F) | Would you have any difficulty in working or dealing with members of the opposite sex, different origin, race, religion, or nationality? | YES () NO () |
| G) | In any job that you've held, have you been involved in any physical or major verbal confrontations? | YES () NO () |
| H) | Would you be able to follow direct orders, even though you may not Agree with them? | YES () NO () |
| I) | In any previous employment setting, were you ever exposed to any high stress or an extreme emergency condition? | YES () NO () |
| J) | Have you ever left a place of employment without giving two weeks notice? | YES () NO () |
| K) | Have you ever operated a motor vehicle while under the influence of alcohol Or drugs, to the point that you knew you should not have been driving? | YES () NO () |

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PLEASE USE THIS AREA TO EXPLAIN YOUR YES ANSWERS TO QUESTIONS A –BB:

List the date of each occurrence

[illegible]

Do you need an accommodation in the application process due to a disability?

____ Yes ____ No If yes, please describe the desired accommodation. _____

CONDITIONS OF EMPLOYMENT

Please read carefully before signing

Pursuant to A.R.S. 39-121, your application and resume may be considered public records and, as such may be available to any person, including the news media. In submitting this application, I understand that false statements or omissions will disqualify me for employment or cause my subsequent dismissal, and that if I am employed, I will be bonded as an employee of Coconino County. I also understand that, if accepted for employment, I shall be required to sign a loyalty oath in addition to providing proof of identity and eligibility to work in the United States in compliance with the Immigration Reform & Control Act of 1986, as a condition of receiving any compensation from the County. In connection with this application, I authorize all corporations, companies, consumer reporting agencies, credit agencies, education, institutions, persons, law enforcement agencies, military services, and former employers to release any information that they may have about me to Coconino County or its agents, and I release them from any liability for doing so. If I accept employment as a non-exempt employee, I agree to work overtime when requested to do so and I understand and agree that overtime may be compensated either by monies or compensatory time off. I further understand that my employment is probationary for a period of one year, and that successful completion of probation does not guarantee permanent employment. In addition, I understand that I must live within the district to which I am assigned insuring a 20-minute response time to the duty station and that within 30 days of hire I must maintain a phone in my principal residence. I understand and agree that my signature on this document does not constitute a contract of employment. I certify that I am not related to a member of the Board of Supervisors.

Signature_____Date_____



Coconino County Jail District Medical Staff Polygraph Agreement

I, _____ understand, as an employee of the Coconino County Jail District that I may be asked to consent to a Polygraph Examination as a result of an Internal Investigation. I further understand that my refusal to submit to a polygraph examination upon written request from the department may result in my termination.

Signature

Date

Witness

Coconino County Sheriff's Office

Authorization to Release Information

As an applicant for a position with the Coconino County Sheriff's Office. I am required to furnish information for use in determining my moral, physical and mental qualifications. In this connection, I authorize release of any and all information that you may have concerning me, including information of a confidential nature.

I hereby release you, your organization, or others from any liability or damage which may result from furnishing the information requested.

Applicant's Signature: _____

Print your name: _____

Notary Public: State of _____, County of _____

On this _____ day of _____, 200_, personally appeared before me _____ known to me (or satisfactorily proven) to be the person described in and who executed the foregoing instrument and he/she acknowledged that he/she executed the same for the purpose therein contained.

Signature of Notary Public: _____

My commission expires: _____